

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide **Application for** *Re-Approval* **of Training Program**

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to <u>ARSD 44:04:18:15</u>. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

	fish, SD 57				
Name of Institution: Dengett County Hospital and Nursing Home Address: PO Box 10D MARTIN SO 57551					
Phone Number: (AB -685 656) Fax Number: (AD5 -685 -6883) E-mail Address of Faculty: CFrein & bennethounty hospital. com.					
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum List personnel and licensure information Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel Complete evaluation of the curriculum Submit documentation to support requested curriculum changes					
 List Personnel and Licensure Information: Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10) 					
Name of Program Coordinator	State	Number	RN LICENSE Expiration Date	Verification (Completed by SDBON))	
MICHELLE WINTERS	SD	RO23860	07/25/13	(21/1/2) \$127/12	
If requesting new Program Coordinator, attach curriculum vita, resume, or work history Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)					
Name of Primary Instructor	State	RN Number	OR LPN LICEN Expiration Date	Verification (Completed by SDBON)	
ETHEL I-REIN	50	1025240	07/15/12	00911 N 27/12	
If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.					
Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.					



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	LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

S	tandard	Yes	No
•	Program was no less than 75 hours.	Х	
•	Provided minimum 16 hours of instruction prior to students having direct patient contact.	X	
•	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	-X	
	Provided instruction on each content area (see ARSD 44:04:18:15):	_ X	
	Basic nursing skills	X	
	Personal care skills	X	
	Mental health and social services	X.	
	Care of cognitively impaired clients	X.	
	Basic restorative nursing services	X.	
	Residents' rights	X	
•	Students did not perform any patient services until after the primary instructor found the student to be competent	×	
•	Students only provided patient services under the supervision of a licensed nurse	X	
٠	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	X	

	(N	written and skills exam taken through the SD Healthcare Association).			
3. Nan		Submit Documentation to Support Requested Curriculum Changes: NOCHANGES. f Course (if applicable):			
		y of teaching methods may be utilized in achieving the classroom instruction such as independent study, video on, and online instruction.			
		on, and offine first dector. In the first d			
		documentation that supports requirements listed in ARSD 44:04:18:15, including:			
	Address of the second section in	aviorally stated objectives with measurable performance criteria for each unit of curriculum			
	_	riculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:			
		A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:			
		Communication and interpersonal skills, infection control, safety/emergency procedures, promoting			
	_	residents' independence, respecting residents' rights.			
	A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective				
	_	care; the instructor ratio may not exceed eight students for one instructor.			
		Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):			
		Basic nursing skills (including documentation) including: vital signs; height and weight; client environment			
		needs; recognizing abnormal changes in body functioning and the importance of reporting such changes			
		to a supervisor; and caring for dying clients;			
		Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with			
		eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;			



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	responding appropriately to behaviors; awareness of process; respecting personal choices and preserving client					
		dignity, and recognizing sources of emotional Care of cognitively impaired clients, including needs and behaviors;	communication and techniques for addressing unique			
		Basic restorative nursing services, including:	self-care; use of assistive devices in transferring; ambulation, ng and positioning in bed and chair; bowel and bladder care and orthotic devices:			
	Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.					
Program Coordinator Signature: Muchelle Winters Date: 3-19-12						
This section to be completed by the South Dakota Board of Nursing						
Date Appli	cation	Received: 3/26/12	Date Application Denied:			
Date Appr Expiration		3/27/12 of Approval: manch 2014	Reason for Denial:			
Board Representative: JUTHPN ,						
Date Notice Sent to Institution: $3/27//2$						
		/ /				



SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH 4305 S. Louise Avenue Suite 201 🗆 Sioux Falls, SD 57106-3115 (605) 362-2760 🗆 FAX: 362-2768 🗆 www.state.sd.us/doh/nursing

Date:

March 28, 2012

To:

Ethel Frein, RN, Nurse Consultant

From:

Stephanie Orth, MS, RN, Nursing Program Specialist

Re:

Future Change in ProCare Approval as Training Modality

This letter is being written to inform you of likely changes occurring related to Board approval of selected nurse aide training materials. Due to recent input regarding (and subsequent review of) the ProCare Interactive Health Nurse Aide Training CD-ROM videos, it likely will be necessary for you to choose a different mode of training within the next 12 months. I am working on this situation and will keep you informed of any changes made to approved training material selection. Please contact me if you have questions or concerns.

Sincerely,

Stephanie Orth, MS, RN
Nursing Program Specialist
South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783
Stephanie.orth@state.sd.us
605-642-1388 (Ph)
605-642-1389 (Fax)

March 19, 2012

TO:

Stephanie Orth, MS, RN

Nursing Program Specialsit

South Dakota Board of Nursing

722 Main Street Suite 3

Spearfish, SD 57783

From: Ethel Frein, RN

Bennett County Hospital and Nursing Home

P.O. Box 70 D

Martin, SD 57751

Re:

Nurse Aide Program ReApproval

Dear Stephanie,

Attached you will find our application for reapproval of the C.N.A. Program at Bennett County Hospital and Nursing Home as well as credentialing for myself as Primary Instructor (change from Dana Cook) and Michelle Winters, RN as Program Coordinator (no change).

Program curriculum remains without change: Procare "How to be a Nursing Assistant" and videos by AHCA.

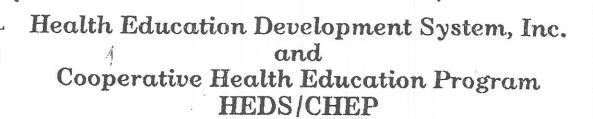
The facility has not been under waiver since 2009. During the period that it was under waiver, I was approved by the SD Dept of Health to Serve as monitor and submitted findings to Robert Stahl at the DOH as required. In the past I have served as course instructor at Philip Nursing Home, Kadoka Nursing Home, and several times at Bennett County NH as well.

If there is anything else you require, please let me know.

Win, RN

Respectfully,

Ethel Frein, RN



This Certifies That

FREIN, ETHEL

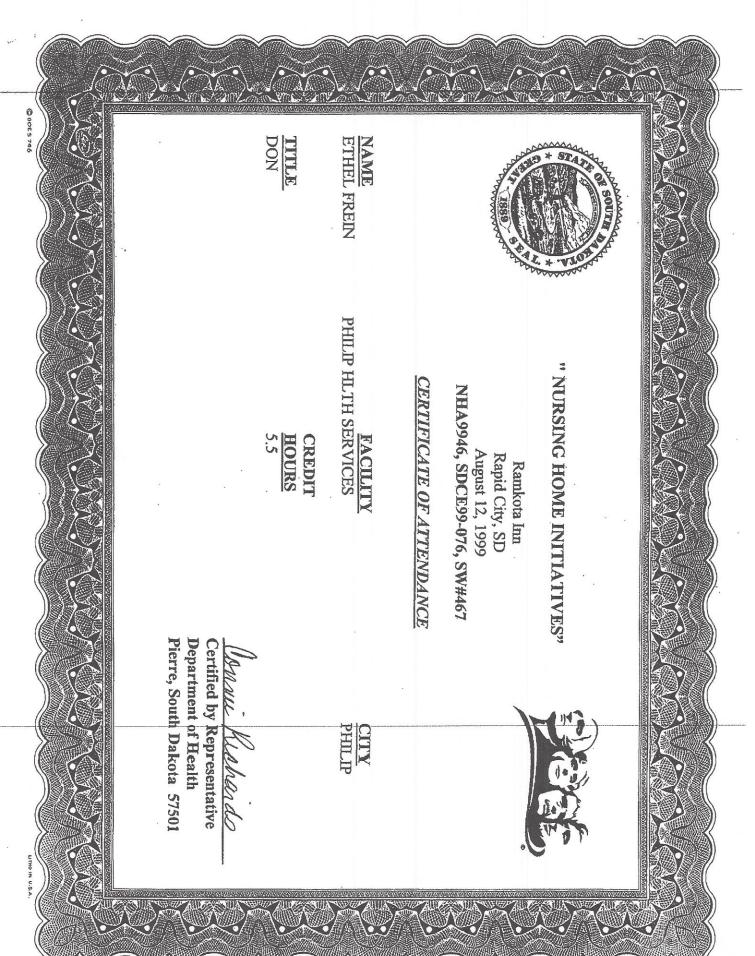
Has Completed The Continuing Education Program

NURSING ASSISTANT TRAIN THE TRAINER

Accrediation:

Date:

05/20/92



CERTIFICATE OF ATTENDANCE Ethel Frein

has attended Staff Day programming during Assisted Living in the New Millenium ALASD Conference May 4-5, 1999 Chamberlain

Verified by: Bath & Mantes